2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000029237

Entity Name: MDK ASSOCIATES, INC

City-St-Zip:

NEW LENOX, FL 60451

FILED Mar 22, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
	TH COPELAN BLAND, FL 34			
Current Mailing Address:			New Mailing Address:	
	TH COPELAN BLAND, FL 34			
FEI Number	: 73-1704958	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
247 NORT SUITE 202	WILLIAM G TH COLLIER E BLAND, FL 34			
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,
SIGNATU	RE:			
Electronic Signature of Registered Agent			gent	Date
Election Car	mpaign Financir	ng Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SMITH, DOUG	COPELAND DRIVE	Title: (Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T (SMITH, MATTH 740 PAINT HC CANTON, GA	RSE DRIVE	Title: (Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	SMITH, KENN) Delete ETH OUGH CIRCLE	Title: (Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DOUGLAS C SMITH P 03/22/2009